

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 07/13/2008		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 07/15/2008					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		21	23	DUPLICATE OF CLAIM-SYSTEM	0	60	199
							139
		8956	5	CLAIM SHOULD NOT CONTAIN BOTH NPI AND BILLING PROVIDER NUMBER. BILLING PROVIDER NUMB			
3404904	WESTERN HIGHLAN DS LME	8326	212	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE			
		8534	90	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI	0	489	10651
							10162
		8800	85	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404910	PATHWAYS	8326	511	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE			
		11	60	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	655	3102
							2447
		8534	29	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI			
3404912	MENTAL HEALTH P ARTNERS	8599	57	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		79	21	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	85	1843
							1758
		8326	3	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE			
3404913	MECKLENBURG COM ENTAL HEALT	8800	792	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
		8599	176	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1298	2901
							1603
		8326	94	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE			
3404916	CROSSROADS BEHA VIORAL HEAL	8955	4	CLAIM SHOULD NOT CONTAIN BOTH NPI AND REFERRING PROVIDER NUMBER. REFERRING PR			
		0	0		0	4	33
							29
3404917	CENTERPOINT HUM AN SERVICES	8800	38	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	87	2633
							2546
		191	11	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	79	616	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	200	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1184	9705	8521
		8537	181	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404920	ALAMANCE CASWEL L AREA MH D	8326	1526	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	179	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	2213	18019	15806
		8534	154	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404921	ORANGE PERSON C HATHAM AREA	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404922	THE DURHAM CENT ER	21	18	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	18	73	55
3404923	FIVE COUNTY MH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404925	SANDHILLS CENTE R FOR MH/DD	8800	51	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	37	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	20	250	7153	6903
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8534	206	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
		8326	202	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	2	1103	5841	4738
		8505	197	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404927	CUMBERLAND CO M HC	8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8326	43	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	116	1137	1021
		8651	2	ONLY FOUR UNITS ALLOWED PER MO NTH				
3404930	JOHNSTON COUNTY MNTL HLTHC	8518	1	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
		0	0		0	1	1	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404931	WAKE CO HUM SVC	8326	61	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
	BILLING OF							
		79	24	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	2	112	365	253
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	8326	82	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
	R FOR MH/DD							
		8961	20	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH	0	130	3070	2940
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8326	383	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	487	1301	814
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8537	36	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8326	32	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	94	4084	3990
		8000	8	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404939	EAST CAROLINA B EHAVIORAL H	8326	131	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	125	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	424	4838	4414
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	3411	21	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8564	9	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.	1	53	1414	1361
		8326	6	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				

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PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	8505	6570	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8326	226	ATTENDING PROVIDER NUMBER WAS	0	7044	8086	1042
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	174	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404949	PIEDMONT BEHAVI	5404	3	SEVERE DUPLICATE: SAME ATTD PR				
	ORAL HEALTH			OV/PCODE/TOS/DOS/MOD				
		0	0		0	3	433	430